

involved the throat, uvula, right tonsil, and part of the palate, extending down the neck for three and a half inches. The testimony and corroborating photographs showed this growth to have been the size of a billiard ball. Before treatment the patient had been unable to swallow anything except liquids. She had eaten no solid food in over nine months. In fact, the tumor prevented her opening her mouth more than a fraction of an inch. Yet she reported having gained twenty pounds in five months' treatment, was able to open her mouth as wide as ever, and could now eat and thoroughly enjoy any form of solid food. Also the mass had decreased to the size of a small egg, and was quite soft and yielding to the touch.

In a case of cancer at the base of the tongue after two months' treatment there was relief from constant pain, the breaking down of tissue had been arrested, the size of the growth was materially reduced, and the cancerous odor markedly corrected.

There are four other persons walking the streets of Connecticut towns who had been given up to die by a number of physicians, physicians whose prognoses are usually accurate. These patients now claim to be cured, and, so far as outward evidences go, they are apparently cured. Of course this meager number is unconvincing. Also we cannot say what contributory causes may have entered into their cure. However, the cases cited are, to say the least, interesting and significant, and are decidedly impressive.

The only therapeutic measure employed was the daily treatment of a straight probe introduced through the nostril, its tip resting against a point on the wall of the pharynx, and left in this position for half an hour. If the proper center be touched, this apparently stimulates healthy activity in the nerves and circulation of the tumorous parts. If some medical man, reading this, will introduce a probe as here described, and press firmly on various areas on the wall of the pharynx, he will instantly experience a sharp "metallic" sensation—it can hardly be called a pain—which is reflected along the neck and in various parts of the throat, and thus demonstrate to himself the existence of these reflexes.

This is the chief beauty of Dr. FitzGerald's method. Any physician, if painstaking and patient, can learn the principal "push buttons" in a few weeks' study, and duplicate these results.

A NUMBER of medical cases were next treated. One patient was so short of breath, and respired with such difficulty, that, as she herself expressed it, her life was a torment. Her wheezing could be heard across a thirty-foot room. This woman was examined by one of the physicians, after which Dr. FitzGerald treated her, and turning to the doctor said:

"Did you examine this case, Doctor?"

"Yes, I have just looked her over."

"Won't you please examine her again?"

The second examination disclosed the fact that the bronchial tubes were absolutely free from the asthmatic wheeze, and the woman breathed with comparative freedom.

Dr. R. J. Boyle, one of those present at the clinic, requested treatment for a painful rheumatic condition, affecting the upper part of the back, which even prevented his standing erect. A deep application of the tongue depressor, and probing on the posterior part of the throat, enabled him almost immediately to straighten up. He expressed himself as being relieved from all pain, and there has been no return of the condition.

This was also a personal experience of mine,—a slight attack of lumbago being relieved by pressure on a point in the roof of the mouth, back of the uvula, which relief persists at this writing.

As demonstrating, in patients who have no idea what was attempted, the accuracy with which nerve distributions could be stimulated by probe pressure, several physicians wrote the name of an organ or a part of the body on a slip of paper. These slips were handed to Dr. FitzGerald, one at a time. He touched various buttons in the complicated switchboard of the nose, throat, pharynx, or tongue, and in practically every instance the patient would trace, by what he described as a "glowing sensation," the course of the nerve stimulated. Even so complex and rambling a nerve as the pneumogastric was accurately defined; this by subjects with absolutely no knowledge of anatomy. The nerves running to the little fingers of the right hand, back of the

knee joint, and various other parts of the body were thus indicated, and uniformly these corresponded with what some physician had requested.

These phenomena are not due to any suggestive influence. Hypnotism is effectually ruled out by the fact that other physicians, by pressing on the points silently indicated by Dr. FitzGerald, were able to produce equally accurate results. If, however, they deviated in even the smallest degree from the exact spot, a totally different effect was produced.

Dr. FitzGerald recognizes, as does every other medical man, the apparent physical absurdity of this whole process. That is why he reads papers before medical societies, and cheerfully demonstrates to any physician the principles he has discovered. In fact, he was very glad to let me personally investigate his methods. So, with Dr. Stewart Reed to check up results, I saw over a score of patients—suffering from various conditions, as asthma, laryngeal tuberculosis, partial deafness, neuralgia, the various catarrhal affections of the head and throat, goiter, tubercular glands, etc.—practically everyone of whom expressed themselves as benefited by probe-pressure therapy.

ONE interesting and suggestive case was a patient of Dr. Stroebel's, of the State Hospital at Newington, Connecticut, a victim of laryngeal tuberculosis. He suffered extreme pain in the throat, and through both lungs, which were practically filled with the bubbling that doctors call "râles." He also coughed incessantly, and breathed in pitiful little gasps. Dr. FitzGerald made deep, perhaps slightly painful, pressure on the tongue, beginning with the anterior third, and moving back slowly to about the middle of the posterior third. He also probed in the neighborhood of the anterior pillars (at the entrance to the throat).

Within fifteen minutes this patient had expectorated freely, and was speaking in a distinctly resonant voice,—although, of course, with some hoarseness,—and expressed himself as perfectly free from pain. Where he had been able to breathe but a minute quantity of air, and that only with extremest effort, he now inhaled vigorously clear to the bottom of his lungs. It was pathetic to hear him repeat, "If I could only breathe this way always!"

But the most incredible result in connection with this case was that the lungs, after treatment, were absolutely free from râles. Another significant feature was that the vocal cords, which, according to the "case report," were in a badly ulcerated condition a month before, when the patient was first seen, were now absolutely clear. If this man could receive pressure treatment three or four times daily, as he well might in sanatorium practice, his recovery would seem to be almost certain. But now, in all probability, his case is hopeless.

Several cases of bronchitis and "clergyman's sore throat," and an interesting goiter patient of Dr. Frank J. Ronayne's, were seen, all of whom were greatly improved. In fact, many cases of goiter, even of the true exophthalmic type, with "pop-eye," rapid heart, hand tremors, and enlargement of the thyroid, seemed to have been practically cured by probe-pressure therapy.

Hay fever, Dr. FitzGerald claims, is relieved in almost ninety-five per cent. of patients. Of course, as this was the "closed season" on hay fever, we personally saw none of these. But it seems quite likely that it

might be so, or partly so; for we saw four or five cases of asthma apparently relieved in less than five minutes. One girl was eased of a most distressing attack in a few minutes. Speaking from previous experiences, she said that she expected no return of the condition within a month or more; she had gone as long as six months without an attack.

PAINFUL conditions peculiar to women yield magically, in many instances, to the potent pressure of the probe. In this connection I might suggest the following experiment, based upon two cases seen:

Take a large tablespoon, place the point of the handle on a spot three-quarters of the way back and on the median line of the tongue, press firmly, and hold for a minute; relax, and reapply pressure, at the same time turning the spoon from side to side to emphasize the point of focus. Then pass the spoon farther back, and press gently on the posterior wall of the pharynx. Methods similar to this relieved the two cases referred to. And the comforting factor in all this practice is that

patients are usually better the next morning than they are even after a most successful treatment.

A case of right intercostal neuralgia ("rheumatism of the ribs") which had persisted for several days was relieved in a few moments by pressure on two points in the front of the mouth at the root of the tongue, and a rather drastic application of the tongue depressor about one-third of the way back from the tip, and slightly to the right of the central line. Two weeks later this patient reported that he had experienced no return of the trouble, and wasn't "looking for any."

Headaches and neuralgias of purely nervous origin, and not due to autointoxication, or some specific organic cause, after pressure on the roof of the mouth subside in a few moments. Indeed, many of Dr. FitzGerald's patients cure their own and their relatives' headaches by firmly pressing the thumb against the hard palate, varying the point of pressure from the roots of the teeth to the junction of the hard and soft palates, depending on the location of the pain.

A curious feature in connection with both nerve-pressure anesthesia and probe therapy is that if the patient, by coughing, resents the presence of the instruments, the effect seems to be dissipated. In other words, the transmission of the nerve impulse is partly inhibited. It is fair to say, however, that patients become rapidly accustomed to what at first frequently caused irritation.

IT was also interesting to hear what other physicians had to say about these matters. Dr. D. F. Sullivan, senior surgeon of St. Francis Hospital, told of a bronchial asthmatic who suffered so severely that he had made all arrangements, even to packing his trunks, to retire from business and seek health on the Riviera or in Egypt. He was sent to the throat specialist, as a sort of forlorn hope. Dr. FitzGerald stimulated certain nerve centers under the root of the tongue, and made deep pressure on its anterior third. Several treatments resulted in a complete cure of the asthmatic condition, and shortly afterward the patient informed Dr. Sullivan that he had indefinitely postponed his trip abroad, and was "going back to work again."

A patient of Dr. Kate Campbell Mead's, of Middletown, Connecticut, proved of extraordinary interest. This woman, a private secretary, suffered a complete breakdown two years ago, which obliged her to resign her position. She was a nervous wreck from insomnia and what she describes as "nerve tension," particularly marked along the course of the spine. In addition she had "writer's cramp" in a most aggravated form, and was unable to hold a pen for more than three minutes at a time, on account of the pain and twitching in the fingers, hand, and arms. To pick up and thread a needle, let alone sew with it, would have been an utter impossibility. Now, after several months' pressure therapy, she has resumed her work, writing without discomfort, can handle and thread needles, and, what is more remarkable, sew for several hours, without experiencing any unpleasant results.

Dr. Edward J. Whalen informed us that he had seen dozens of patients, afflicted with a varied assortment of ills, apparently cured by probe-pressure therapy. He is in a position to speak authoritatively, as his offices adjoin those of Dr. FitzGerald, and he has an excellent opportunity to watch the progress of any specially interesting case. He has also seen most of the minor operations of nose and throat practice done under reflex anesthesia.

I have seen several operations, including the removal of protruding spurs inside the nose (turbinate), and one very bad crop of adenoids, done under nerve pressure anesthesia, apparently without hurting. There is rarely any pain until the next morning. This is significant, as it implies the practical abolition of "nerve shock"—that dreaded bugbear of the surgeon who performs an eminently successful operation but loses his patient.

For he it is known that even in profound ether or chloroform narcosis the nerves keep sending their messages of horror and pain to the brain, and the brain, although consciously knowing nothing that is transpiring, sends out floods of nervous energy to combat the shock and resupply the vitality consumed. Dr. FitzGerald's method seems to block these impulses. A certain lack of uniformity in results, however, militates against the universal adoption of inhibition anesthesia, in my opinion.

WHILE the three hundred "push buttons" and their intricate relations are too complex to be understood by the layman, it may be roughly stated that at least forty or fifty of those which have to do with the head, ears, and eyes are located in the nose and the passage leading from the nose to the throat.

The pharynx, the roof of the mouth, and the throat contribute at least one hundred more feet. In a general way these govern the functions of the head, more particularly the back part, the throat as far as the bronchi, and the arms and their extremities.

The floor of the mouth, areas concealed behind the little pillars in the oral cavity, and the space directly under the tongue are particularly rich in nerve centers,

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Dr. William H. FitzGerald,
Discoverer of the "health buttons."